

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
MONTHLY MONITORING REPORT FOR DECENTRALIZED WASTEWATER TREATMENT FACILITIES VIA DRIP IRRIGATION

PERMITTEE NAME Sloan Estates POA, Inc.
PERMITTEE ADDRESS PO Box 7797 Springdale, Ar 72766


FACILITY NAME (IF DIFFERENT) Sloan Estates
FACILITY ADDRESS 5088 E Sagely Fayetteville, Ar 72703

PERMIT NO. 4837-W
AFIN NO. 72-01074

MAKE ADDITIONAL COPIES OF THIS FORM FOR FUTURE USE. SUBMIT LAB ANALYSES WITH THIS FORM.

WASTEWATER EFFLUENT MONITORING PERIOD		
MM/DD/YYYY	FROM	MM/DD/YYYY
5/1/2019		5/31/2019
	TO	

TREATED WASTEWATER EFFLUENT SAMPLING						
PARAMETER	PERMIT REQUIREMENT	SAMPLE MEASUREMENT	UNITS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
PHOSPHOROUS, TOTAL (AS P) EFFLUENT GROSS VALUE	*****	7.6	MG/L	ONCE/MONTH	GRAB	
CBOD, 5-DAY (20 DEG. C) EFFLUENT GROSS VALUE	15	28.8	MG/L	ONCE/MONTH	GRAB	
PH EFFLUENT GROSS VALUE	6 to 9	7.3	S.U.	ONCE/MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	15	11.7	MG/L	ONCE/MONTH	GRAB	
COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	10,000	1,430	N/100 ML	ONCE/MONTH	GRAB	
NITROGEN, TOTAL KJELDAHL (AS TKN) EFFLUENT GROSS VALUE	*****	51	MG/L	ONCE/MONTH	GRAB	
NITROGEN, AMMONIA TOTAL (AS NH ₃ -N) EFFLUENT GROSS VALUE	*****	38.8	MG/L	ONCE/MONTH	GRAB	
NITROGEN, NITRATE + NITRITE (AS NO ₃ -N + NO ₂ -N) EFFLUENT GROSS VALUE	*****	1	MG/L	ONCE/MONTH	GRAB	
PLANT AVAILABLE NITROGEN (AS PAN) CALCULATED VALUE	*****	49	MG/L	ONCE/MONTH	GRAB	
FLOW, THRU CONDUIT OR TREATMENT UNIT EFFLUENT GROSS VALUE	*****	MONTHLY TOTAL	DAILY MAX	MGD	ONCE/MONTH	TOTAL FLOW
		0.02	0.02			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER MARK A DAVIS	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			501	888-0500	6/15/2019
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF VIOLATIONS (Reference all attachments here)

RECEIVED

JUL 12 2019

Kn B45

PERMIT: 4837-W

REPORT OF NON-COMPLIANCE WITH EFFLUENT LIMITATIONS

PERMITEE: Sloan Estates

REPORTING PERIOD: 5/1/2019-5/31/2019

REPORT DATE: 5/21/19

<u>PARAMETER (S)</u>	<u>NPDES</u> <u>MIN</u>	<u>NPDES</u> <u>AVG</u>	<u>NPDES</u> <u>MAX</u>	<u>RESULT</u> <u>REPORTED</u>	<u>DATE OF</u> <u>EXCURSION</u>
CBOD			15	28	5/15/2019

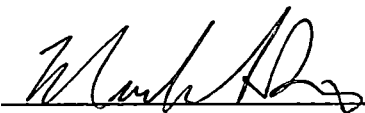
COMMENTS:

We will check pumps and timer settings.

SIGNATURE

TITLE

DATE



cognizant official

6/15/2019
